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Substitute for Form PTO-875								Application to Ducket Number 1		
· .		CLAIMS A		– PART I	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
FOR		· · · NUMI	NUMBER FILED		BER EXTRA	RATE	FCC	1	RATE	FEE
BASIC FEE' (37 CFR 1.16(a))			en e		•		1	OR.		,
OTAL CLAIMS 37 CFR 1.16(c)			minus 20 =		•	X 1 =		, OR		-
NOEPENDENT CLAIMS 37 CFR 1.16(b))		IMS .	gious 3 -				 	OR ·	X S=	
			mious 3 =			X 1=	ļ	· · OR	X \$=	·
-	. TIPLE DEPENDE	ENT CLAM PRESE	<u>нт</u> (:	37 CFR 1.16(d))	·	+1=	ļ	OR,	· + \$ <u>· · · </u>	
tf t	he difference in	column 1 is less th	ian zero, er	nter "0" in column	2	TOTAL		OR	JATOL	
		LAIMS AS AM	IENDED	- PART II		·				
Ĺ	-24-26	(Column 1)		(Column 2)	(Column 3)	SMALL	ΕΝΤΙΤΥ	OR		: R THAN ENTITY
_		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL		RATE	ADDI- TIONAL
	Total	20	Minus		-		FEE			FEE
7	Independent (37 CFR 1,16(b))	· J	Minus		=	X S =		OR	x s =	
2		L	لـــــــــــــــــــــــــــــــــــــ			K 5=		OR	x s =	
	FIRST PRESENT	ATION OF MULTIPL	E DEPENDE	HI CLAM (37 CF	FR 1 16(d))	+ 5=		OR	+ s =	
						TOTAL ADD'L FEE		OR	ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)		:		. '	
- 7		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST. NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL ¹ FEE	;	. RATE	. AOOI- TIONAL FEE
FINITIADINITIA	Total (a) OFR 1,16(c))		Minus .	••	= .	X 1 =		OR		
ز	Independent (37 CFR 1,16(b))	•	Minus	•••	=	, ,			K S =.	
2	FRST PRESCUI	ation of mouting	= DSPETIDE	#1 Cr (r) - 12 Cr	1			OR -	K 5 =	
_1						101AL ADD'L FEE		08 03	TOTAL AOD'L FEE	
		(Column 1)		(Column 2)	(Cotuma 3)	,			l and a l	··
-		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TADNAL		RATE	ADDI- TIONAL
	Total ,	AMENDMENT .	Minus	PAID FOR	=		<u>Fet</u>		 	FEE
1	Independent		Minus		=	x 1=		OR	× <u>s</u> .	
	(3) Cra + (Gen)				J	x. s =		OB	K-5=	:
	FIRST PRESENT	ATIOH ÜF MÜÇTIPÇI	E DEPENDE	MI CIVIN 131 CL	R 1 16(0j)	10161		Õū.	+ 5=	
						400 L FEE	i	_	JA101 '	

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.15. The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application Confidentiality is governed by 35 U.S.C. 172 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering preparing and submitting the completed application from to the USFTO. Time will vary determine unon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for indicting this binder stopped to sent to the Chief Information Officer. U.S. Patient and Trademark Officer. U.S. Department of Commissioner for Patients, P.O. Box 1450. Alexandria, VA 22313-1450. OO NOT SELIO FEES OR COMPLETED FORMS TO THIS ADDRESS. SCHO.10. Commissioner for Patients, P.O. Box 1450. Alexandria, VA 22313-1450.